ARIZONA STATE BOARD OF HEALTH		
PLACE OF BIRTH BUREAU OF VITAL STATISTICS		Registered No. 679
STANDARD CERTIFICATE OF BIRTH		
County Mark		
District or Township or Village O. Osof 1641- Mami, aris		
City Mami No. S. Two Warfs Canon St., Ward (If birth occurred in a hospital or institution, give its NAME instead of street and number)		
If child is not yet named, make		
2. Full name of child		supplemental report, as directed.
3. Sex of Child To be answered ONLY \ 1. Twin, triplet or other		
Seman births.) 5. No., in order of births.		Month Day Yéar
Full name M	Full maiden name	Adallma Harris
Manuel Undeverse	/YL2	14
9. Residence (Usual place of abode) Maw.	15. Residence (Usual place of a	(Jode) Mami
If non-resident, give place and state. Ungona:	If non-resident, give p	place and state. Urgona.
10. Color or race	16. Color or race	0
Met 11. Age at last birthds M. (Years)	mex.	17. Age at last birthday 3/ (Years)
laliz co	18. Birthplace (city or	Jalie co
12. Birthplace (city or place) 7004.	(State or country	n. A
13. Occupation	19. Occupation	V
Nature of Industry	Nature of Industry	11
IVINUR	1 27	Vousewije
20. Number of children of this mother		
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE '/		
I hereby certify that I attended the birth of this child, who was the late above stated. (Born glive or stillbarn)		
"When there was no attending physician or midwife, then the father, householder. Signature Court M. Crow M. D.		
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth. (Physician os midwife.)		
Shows other evidence of life after birth. Given name added from a supplement! report. Month day year. Address. Muanu, arygus.		
month, day, year		
Registrar. Filed C 7 19 30 9C 6 Programmer Registrar.		
562-1201-471		